



University of Massachusetts
Medical School
Non-employee/CTS
Reimbursement Voucher
US Citizen? Y__ N __
Required information

I hereby certify that the amounts as itemized are true and correct, was incurred by me was a necessary business expense to UMMS and, if this is a travel expense, conformed fully with the Travel Rules and Regulations.

Individuals Signature	Date
Approved PI/ Dept Head	Date

Name		
Home Address		
Department Name Library	Contact Person	Extension
Purpose, Destination, and Dates of Trip		

A. EXPENSES	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	
Date:								Totals
Foreign Exchange Rate								
1. Tolls, Parking								
2. Car Rental								
3. Air, Rail, Bus								
4. Lodging								
5. Meals with receipts								
6. Taxi, Shuttle								

Sub-Total A

B.MILEAGE ONLY (not including tolls, parking above)

Date	From/To (show all interim stops)	Reason for Travel	No. of Miles	Mileage Rate	Mileage Expense

Sub-Total B

C. BUSINESS MEALS & ENTERTAINMENT EXPENSES

Date	Place of Activity	Business Purpose	Guest(s)	Amount

Sub-Total C

D. MISCELLANEOUS EXPENSES/COMMENTS

Date	Description	Amount

*Payments to US Bank and Employees should be on separate vouchers

Sub-Total D

Fund							Grand Total	
Dept ID							Payable to VISA*	
Program							OR	
Class							Payable to Individual	
Project/Grant								
Account								
Amount								